

Montana Statewide Family Planning Program

SFY 2008 Annual Report



A Public Health Success Story

Montana Department of Public Health and Human Services
Public Health and Safety Division
Family and Community Health Bureau
Women's and Men's Health Section

Family Planning A Public Health Success Story

More Than Birth Control

Family planning addresses contraception, infertility, and a wide range of risk behaviors and health conditions that affect reproductive health and chances of having a healthy pregnancy.

Services include:

- Physical exams
- Birth control methods, sterilization
- Breast, cervical, and testicular cancer screening
- Diagnosis/treatment of sexually transmitted infections
- Pregnancy testing
- Counseling and education
- Community education and outreach
- Referrals to preventive health and social services such as primary care, nutrition services, immunizations, and others

In 1999, the Centers for Disease Control and Prevention declared family planning one of the most significant U.S. public health achievements of the 20th century. This report describes how the public's investment in family planning improves the health of Montana's families, communities and economy.



Comprehensive Primary Prevention

Family planning prevents costly health and social problems associated with **unintended pregnancy**. It also reduces:

- premature births
- infant mortality
- teen pregnancy
- the need for abortion
- the spread of infectious disease and
- the incidence of some cancers

Almost Everyone Needs Family Planning

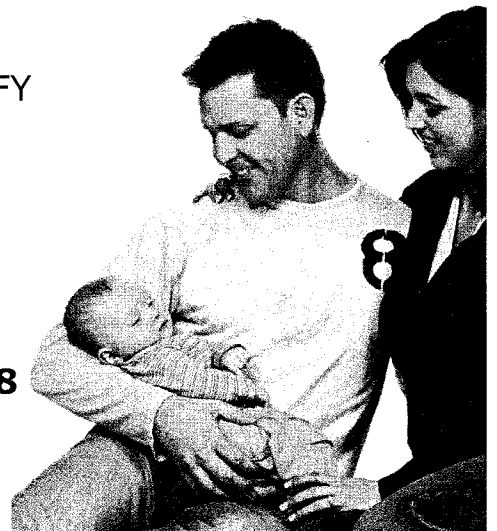
Almost everyone needs family planning services at some time in their lives to achieve or postpone pregnancy or to simply address personal health needs. Planned pregnancies benefit families, communities and the entire state.¹

Family Planning Facts

- An average woman wanting two children will spend five years pregnant or trying to get pregnant and roughly 30 years trying to prevent pregnancy.¹
- A woman with a planned pregnancy is more likely to have a healthy baby. Women with unplanned pregnancies are less likely to get adequate, timely prenatal care.²
- 44% of pregnancies in Montana were estimated to be unintended.³

Access to local family planning services helps **prevent** sexually transmitted infections and abortions. During SFY 2008 in Montana:

- A total of **9,186** women received screening for Chlamydia, a major cause of infertility.⁴
- Approximately **17,310** unintended pregnancies were prevented, which would have resulted in an estimated **11,684** births, **2,458** abortions and **3,168** miscarriages.^{4, 5}



In SFY 2008, Montana family planning agency clients were:

- 25,190 women⁴
- 1,638 men⁴

Of these clients:

- 84% qualified for reduced fees⁴
- 55% qualified for services free of charge⁴
- 79% of the women were 18 or older; only 21% were under 18-years-old⁴

Montana Family Planning Clinics Include:

- County Health Departments (8) • Community Health Center (1) • Independent Family Planning Clinics (2)

A Leading Cause of Unintended Pregnancy is Lack of Access to Affordable Family Planning Services

- Montana ranks low in the nation in its efforts to help women avoid unintended pregnancy; the state is 32nd in overall efforts and 35th in service availability.⁶
- Access to contraception is effective in preventing both unintended pregnancies and abortions.⁶
- In CY 2007, it was estimated that 55,270 women were in need of subsidized family planning services in Montana, 60% (33,606) did not receive the needed services.⁷

Access means residents can receive services that are affordable, convenient, accessible, and provided without discrimination.

Family planning programs make it easy for individuals and working families to connect with the services they need through a strong commitment to quality, including responsive and caring customer service.

Family planning services provide basic health care.

Critical health services are provided regardless of ability to pay.



One out of every **five** Montana residents has no health insurance.⁸

Family planning is a gateway into the health system for many women.

Contraception is a basic health care necessity.

Montana family planning is committed to providing clients with

- Access to services
- Privacy and confidentiality
- Quality care

Family Planning Provides Economic Benefits to Individuals, Communities and the State

- Young women who plan the timing and spacing of their children are more likely to stay in school and have a better chance for employment.²
- Montana's investment in services is highly cost-effective. Nationally, family planning saves \$4.02 in public dollars for every \$1 spent.⁹

Family planning makes a significant contribution toward making Montana the kind of place where all residents thrive.

Keeps young adults healthy and productive.



Helps families achieve economic security.



Allows parents to devote more time and resources to each child.



Helps families plan the timing of pregnancies.

Family Planning Counts

In SFY 2008 there were:

Services were provided to men and women residing in all **56** Montana counties⁴

27 family planning sites

26,828 clients served⁴

\$11,320 Approximate cost to the state for prenatal care, delivery, and the first year of infant's medical care for just one pregnancy funded by public assistance¹⁰



Important Information About Family Planning Clinics

All adolescents receive counseling on:

- Family involvement
- Abstinence
- Sexual coercion
- Confidentiality

The Title X Federal grant accounts for only **30%** of the total expenditures of the program. Montana has applied for a Medicaid Waiver to expand Family Planning services to additional low income women.

References:

- 1 Boonstra, H. et al., Abortion in Women's Lives, New York: Guttmacher Institute, 2006.
- 2 Committee on Unintended Pregnancy, Institute of Medicine, The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families, Washington, DC: National Academy Press, 1995.
- 3 Montana PRAMS, 2002.
- 4 Montana Statewide Title X Family Planning Data System, 2008.
- 5 Hatcher RA, Trussell J, Stewart F, et al. Contraceptive Technology. 18th Edition. New York: Ardent Media Inc., 2004.
- 6 Guttmacher Institute, Contraception Counts, 2006.
- 7 Guttmacher Institute, Women in Need of Contraceptive Services and Supplies, 2006.
- 8 U.S. Census Bureau, Small Area Income and Poverty, 2006 Estimates.
- 9 Guttmacher Institute, Facts on Publicly Funded Contraceptive Services in the United States, 2008.

This publication was supported through a grant from the Department of Health and Human Services, FPHPA080094-37-01.

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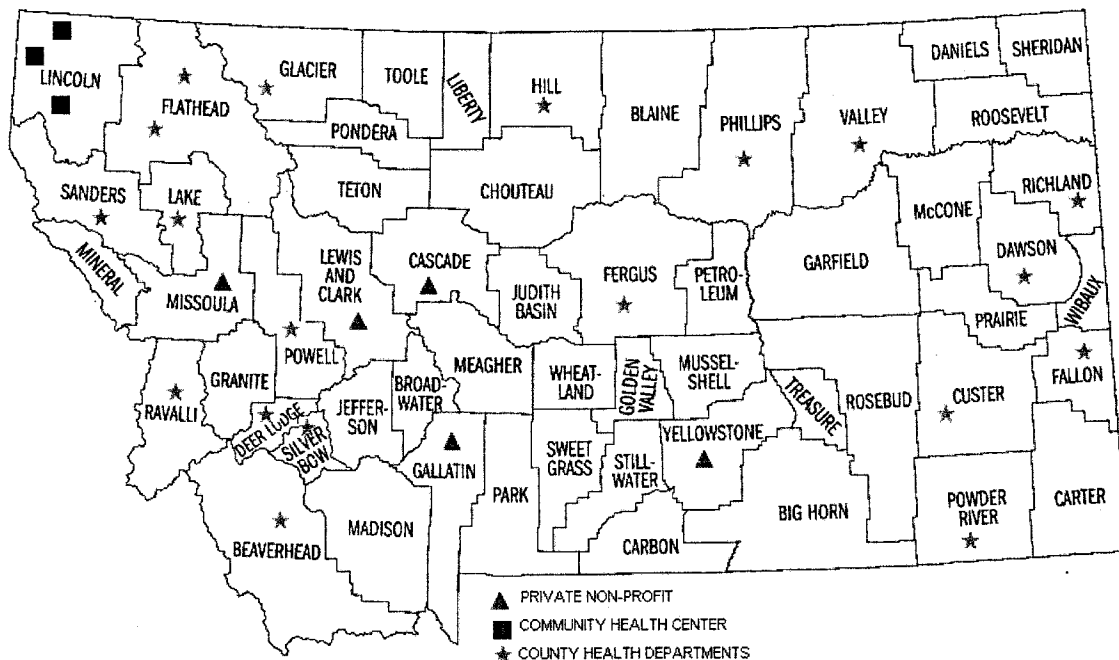
1,000 copies of this public document were published at an estimated cost of \$0.62 per copy, for a total cost of \$620.00, which includes \$620.00 for printing and \$0.00 for distribution.

<http://www.dphhs.mt.gov/PHSD/Women-Health/famplan-index.shtml>

Montana State Family Planning

In SFY 2008, the Montana State Family Planning Program distributed Federal and State Funding to 27 family planning clinics servicing 26,828 clients.

The map below indicates each location that Title X family planning services are offered, and which type of agency provides those services.



Characteristics of Clients Served in SFY 2008		
Gender	Number	%
Female	25,190	94
Male	1,638	6
Age		
Under 15	311	1
15-17	3,482	13
18-19	3,932	15
20-24	9,204	34
25-29	4,779	18
30-34	2,067	8
35+	3,053	11
Race/Ethnicity		
White (non-Hispanic)	25,111	93.6
Black (non-Hispanic)	150	.56
American Indian/Alaskan	581	2.17
Asian/Pacific Islander	172	.64
Hispanic	473	1.76
More than one race	252	.94
Other	89	.33
Total Clients	26,828	100

In SFY 2008, low-income women and men accounted for 84% of the patients served by the Montana Family Planning Programs.

Services provided in SFY 2008 include:

- Over 18,000 clients receiving initial or annual medical exams
- Over 7,700 female clients receiving pregnancy testing and counseling
- Over 14,000 STD/HIV tests were performed

Turn over for family planning client information by COUNTY!

Montana State Family Planning

Number of Clients Served by DPHHS Family Planning Clinics by County For Calendar Year (CY) 2007

County	Total Clients served by Family Planning Clinics	Women in Need (WIN) of publicly supported contraceptive services and supplies*	
		WIN served	Un-served WIN
Beaverhead	376	342	238
Big Horn	26	24	896
Blaine	32	31	429
Broadwater	36	27	193
Carbon	120	93	347
Carter	16	14	66
Cascade	1842	1567	3573
Chouteau	20	17	303
Custer	345	323	347
Daniels	2	2	88
Dawson	131	117	333
Deer Lodge	430	366	84
Fallon	83	71	69
Fergus	347	265	265
Flathead	2919	2437	1783
Gallatin	5369	3718	1662
Garfield	10	10	50
Glacier	119	98	852
Golden Valley	6	5	45
Granite	16	14	136
Hill	275	256	844
Jefferson	109	90	350
Judith Basin	33	24	96
Lake	462	405	1295
Lewis & Clark	1416	1171	1729
Liberty	3	3	87
Lincoln	457	417	533
McCone	11	11	89
Madison	99	80	240
Meagher	16	12	98
Mineral	16	15	175
Missoula	3773	3332	4788
Musselshell	20	17	213
Park	180	99	651
Petroleum	8	4	26
Phillips	45	42	158
Pondera	21	19	321
Powder River	32	28	62
Powell	84	75	235
Prairie	6	5	45
Ravalli	528	474	1366
Richland	234	203	257
Roosevelt	9	8	742
Rosebud	21	14	536
Sanders	101	94	436

County	Total Clients served by Family Planning Clinics	Women in Need (WIN) of publicly supported contraceptive services and supplies*	
		WIN served	Un-served WIN
Sheridan	2	1	159
Silver Bow	1034	889	821
Stillwater	49	38	262
Sweet Grass	18	11	139
Teton	24	19	311
Toole	12	9	271
Treasure	2	1	39
Valley	114	102	208
Wheatland	29	20	90
Wibaux	14	12	38
Yellowstone	4577	3665	4595
Unknown	794	458	
TOTAL	26,873	21,664	33,606

Table Notes

Includes Title X clinic data based on county of client residence as well as state funded clinic data based on county of clinic location.

* All females 13-19 years, and females 20-44 years who have incomes \leq 250% Federal Poverty Line.

** Estimates from the report *Contraceptive Needs and Services, 2002-2003*, published by the Guttmacher Institute, 2004.



Women's and Men's Health Section
(406) 444-3609
<http://www.dphhs.mt.gov/PHSD/Women-Health/famplan-index.shtml>

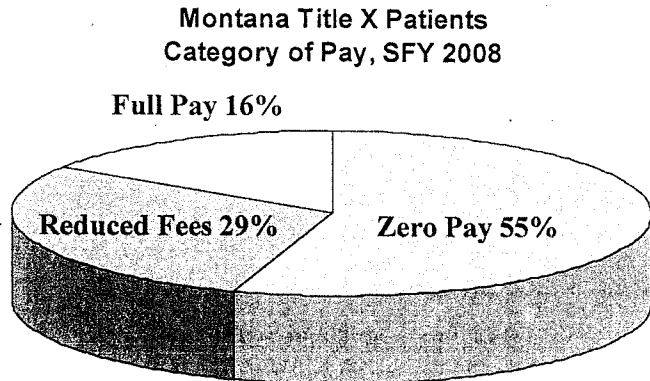


Montana State Family Planning

Increased Cost of Contraceptives for Montana's Family Planning Clinics

Background:

The Montana Department of Public Health and Human Services (DPHHS) contracts with 14 family planning delegate agencies in 27 locations throughout Montana offering comprehensive reproductive health services to Montanans in need.



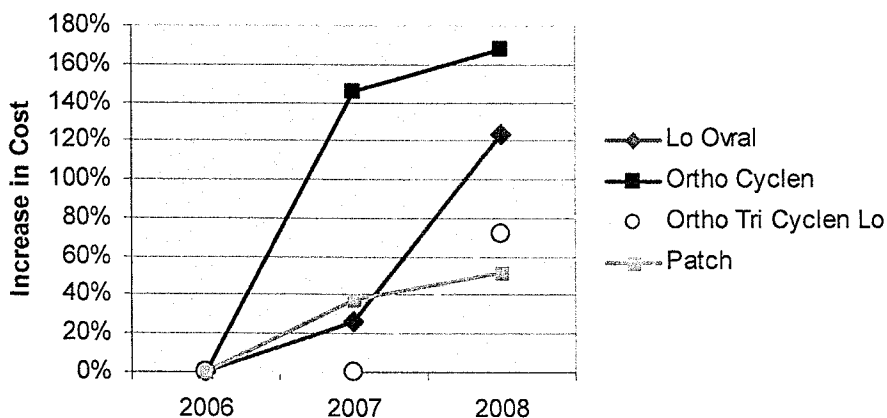
In SFY 2008, 26,828 men and women in Montana were served by Title X clinics. The majority of clients served are low income. Only 5% of Montana's family planning clients are currently served by Medicaid.

Increase in Contraceptive Prices:

In 2006, Montana family planning clinics began experiencing drastically increased prices for contraceptive products. The contraceptive patch nearly doubled in price between the second and third quarters of 2006. The price increases for oral contraceptives were more extreme, going from as little as one penny for a month's supply to nearly \$19. Such price fluctuations have continued into 2008. The increase in contraceptive prices jeopardizes the availability of all of these services for low-income and uninsured women in Montana.

"Ordering contraceptives is problematic-sometimes the product is available, sometimes not. I never know what will be available or at what cost. It is all a guessing game at this point."
Flathead County Family Planning, Kalispell

**Percent Increase in Contraceptive Prices,
Montana Title X Clinics, SFY 2006-2008**



Montana State Family Planning

Impact on Montana Title X Clinics:

Montana's family planning clinics continue to face a nearly **70% increase in costs** for contraceptive supplies. Switching to generic contraceptive supplies has proved problematic. The prices are still far more than clinics have previously paid and often there are no available supplies to match the surge in demand. Further, having a broad choice of contraceptive methods and specific formulations of pill is important to women's successful practice of contraception.

"Our contraceptive formulary has been forced to change at different times due to the unavailability of some birth control methods."

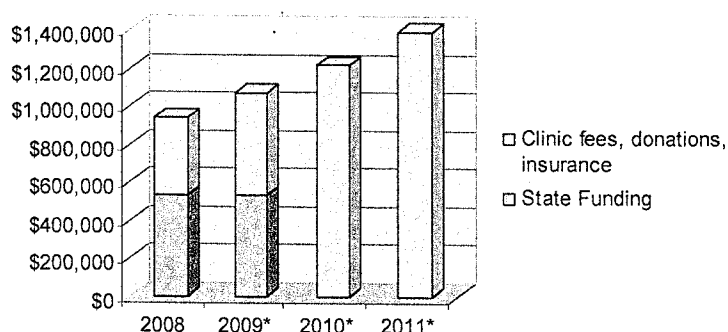
**Custer County Family Planning,
Miles City**

2007 Legislative Action:

"Without state funding we will be forced to decrease our services because of the increasing cost of contraceptives."

Ravalli County Family Planning, Hamilton

**Contraceptive Costs
Montana Title X Clinics SFY 2008-2011**



*estimated contraceptive costs

In 2007, the Legislature allocated \$536,523 for each year of the biennium. This was originally intended to be one-time only funding until the Montana Family Planning Medicaid waiver could be implemented. However, given that the cost of prescription contraceptives has continued to increase and that the Medicaid waiver was not submitted until July 1, 2008, the need for state funding to support family planning remains critical.

Access to Affordable Contraceptive Services is Important for Montana Women:

Family planning:

- Allows pregnancies to be planned when couples are best able to care for new children
- Reduces the need for abortions.
- Saves taxpayer dollars.

Women's and Men's Health Section
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"We have a sluggish economy, high gas prices and an overall increase in the cost of living which will drive more women to seek affordable healthcare at Family Planning. This will contribute to increasing costs for our clinics due to the demand. Meanwhile, we are watching our cash reserves dwindle as we try to cover expenses each year."

**— Lake County Family
Planning, Polson**